

Clinical Functioning of Children Discharged from Children's Intensive Service (CIS)

Background Information

This brief is the fourth in a 4-part series summarizing performance of Children's Intensive Services (CIS) during its first year of operation under the revised program certification standards (April 2004-March 2005). The CIS program provides family-focused, community-based services for children with severe emotional and behavioral disorders who are at-risk for psychiatric hospitalization or out-of-home placement. The evaluation examines demographic and clinical characteristics, patterns of service delivery, and discharge outcomes for children in the program served statewide by nine certified CIS provider agencies. In this brief, we summarize discharge characteristics and clinical outcomes for children discharged from CIS under the revised program standards. Previous briefs summarized information on demographic characteristics, diagnoses, clinical functioning, and service delivery for children enrolled in the CIS program.

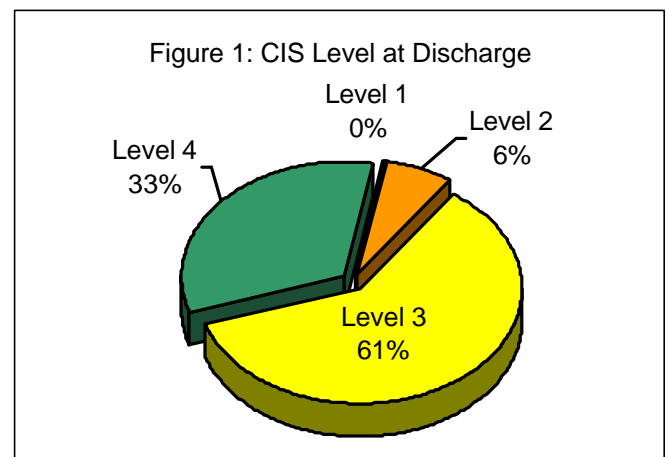
Levels of Care

A total of 1,517 children were discharged from CIS during the first year of operations under revised certification standards. On average, children were enrolled in the program for approximately 5 ½ months. As shown in Figure 1, most children were discharged from Levels 3 (Intermediate) and 4 (Maintenance). Approximately 44% of children discharged from CIS were reported to have accomplished their clinical goals.

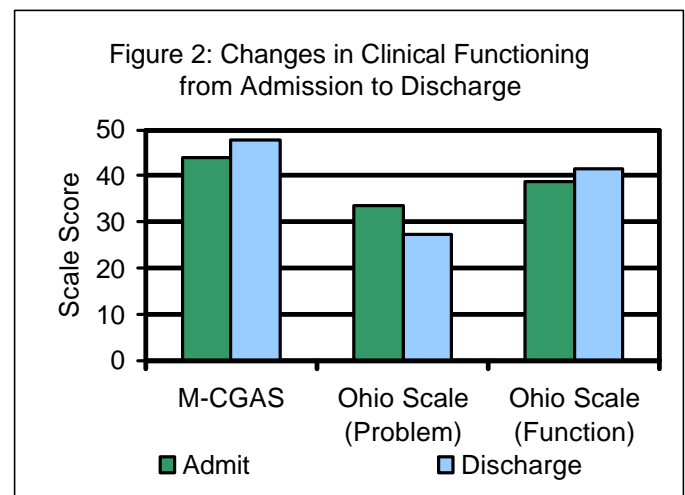
Changes in Clinical Functioning from Program Admission to Discharge

Clinicians provided ratings of child functioning at program admission and discharge using a number of clinical instruments. The Modified Children's Global Assessment of Functioning Scale (M-CGAS) was used to estimate how well a child functions overall, based on a single scale score ranging from 1 to 100 (lower scores indicating poorer day-to-day functioning). The Ohio Problem and Functioning scales assess the severity of a child's psychiatric symptoms and how well a child functions in his or her daily activities. Higher scores on the Problem scale indicate more symptoms; lower scores on the Functioning scale indicate poorer functioning. Finally, providers submitted clinician ratings on the Child and Adolescent Functional Assessment Scale (CAFAS). The CAFAS was designed to measure a child's level of psychiatric impairment across eight life domains.

Figure 2 depicts changes in clinician ratings of child functioning and problem severity from program admission to discharge across three evaluation measures. Children made significant clinical improvements in each of these areas during the



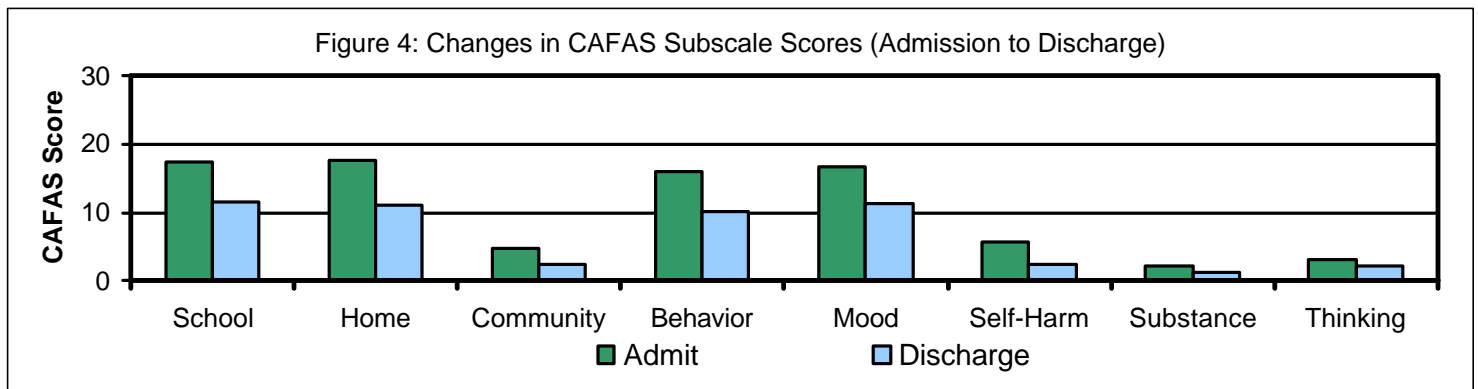
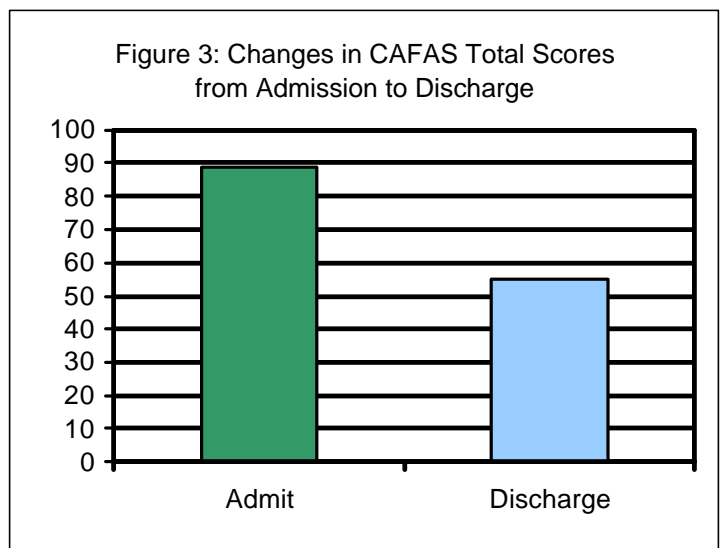
course of their involvement in the program. The most notable change was the decrease in clinician ratings of the child's level of problem behavior from CIS admission to discharge.



Children's total scores on the CAFAS improved significantly from admission to discharge (see Figure 3). These findings should be interpreted with some caution, as admission and discharge CAFAS data was available for about one half of eligible cases (based on age and time in the program). Based upon available data, however, program effects at improving child functioning appear strong.

Figure 4 provides additional information on changes in individual CAFAS subscales. Improvements in functioning appear particularly strong in the areas of school and home roles, behavior toward others, and mood/emotional regulation. Again, it is important to bear in mind that CAFAS data was only available for about half of eligible children discharging from the program.

The observed changes in clinical functioning for children exiting the CIS program are encouraging. Continued efforts to evaluate program delivery and outcomes are underway as the program completes its second year of operations under the revised program standards.



Summary

1. On average, children discharged from CIS were enrolled in the program for 5 ½ months. Almost all children are discharged from levels 3 (Intermediate) and 4 (Maintenance).
2. On average, children's scores on clinical measures at discharge indicate improved clinical functioning and reduced symptom severity relative to average scores at admission. However, scores suggest many children continue to have difficulty regulating emotions and behavior, particularly within school and home settings. These children may benefit from additional services.
3. On average, children with completed admission and discharge information demonstrate statistically significant improvement on all clinical measures. Improvements are particularly marked within CAFAS school, home, behavior, and mood/emotions life domains. However, all findings should be interpreted with caution, given the majority of children in CIS are missing one or more clinical functioning measure at admission and/or discharge.